

## MARYLAND HEALTH QUALITY AND COST COUNCIL

The Honorable Anthony G. Brown

Lieutenant Governor, State of Maryland and Council Chair

Secretary Joshua M. Sharfstein, MD

Maryland Dept. of Health and Mental Hygiene



### ***Cultural Competency Workgroup Report:*** **Maryland Cultural, Linguistic and Health Literacy** **Strategies: A Policy Framework for 2013-2020**

Lisa A. Cooper, MD, MPH, FACP and

Marcos Pesquera, RPh, MPH, Co-Chairs

December 6, 2013

## Overview

- Establishment of the Workgroup
- Workgroup and Subcommittee Chairs
- Subcommittee Findings
- Report Recommendations
- Staff Members

## Establishment of the Workgroup

- The Maryland Health Improvement and Disparities Reduction Act of 2012 required the Maryland Health Quality and Cost Council to establish the Cultural Competency Workgroup and charge them to:

*"Explore and make recommendations on how the state could increase the cultural, linguistic, and health literacy competency of health providers and health care delivery organizations throughout Maryland."*

## Establishment of the Workgroup

- 47 persons representing a broad array of health providers, organizations and associations were appointed to serve on the Workgroup. These members are acknowledged on pages 39-41 of the report.
- Workgroup members chose to serve on three subcommittees, each to address separate aspects of the overall cultural competency charge.
- Multiple meetings took place for the Workgroup and the three subcommittees between November 2012 and May 2013. Progress reports were given to the MHQCC in May/July of 2013.

## Workgroup and Subcommittee Chairs

### **Cultural Competency Workgroup Co-Chairs:**

- Lisa A. Cooper, MD, MPH,  
Director, Johns Hopkins Center to Eliminate Cardiovascular Health Disparities
- Marcos Pesquera, RPh, MPH,  
Executive Director, Adventist Health Center on Health Disparities

### **Subcommittee Co-Chairs:**

#### **Charge One: Cultural & Linguistic Competency Standards for Medical/Behavioral Settings**

- Dr. Yolanda Ogbolu, University of Maryland School of Nursing
- Ms. Scharmaine Robinson, Maryland Health Care Commission

#### **Charge Two: Criteria & Standards for Multicultural Assessments in Health Care Settings**

- Dr. Thomas LaVeist, Director, Hopkins Center for Health Disparities Solutions
- Dr. Earl Ettienne, Howard University College of Pharmacy

#### **Charge Three: Cultural Competency Continuing Educations for Providers**

- Dr. Linda Aldoory, Center for Health Literacy, UM SPH College Park
- Dr. Daniel Teraguchi, Student Affairs, Johns Hopkins University School of Medicine

## Subcommittee Charges and Findings

### **Charge 1:**

*"Examine appropriate standards for cultural and linguistic competency for medical and behavioral health treatment and the feasibility and desirability of incorporating these standards into reporting by health care providers and tiering of reimbursement rates by payors."*

## Subcommittee Charges and Findings

### Charge 1 Findings:

- Cultural and linguistic competency assessment and reporting were found to be both feasible and desirable.
- Standards for the cultural and linguistic competency performance assessment of medical and behavioral health care providers were found to be currently applied in some settings.
- Linking tiered reimbursement rates by payors to medical and behavioral health care providers' cultural and linguistic competency performance assessment results was found to be desirable, but the feasibility will require more broad experience with assessment and reporting.
- At least 14 states and the District of Columbia reimburse language services on a per service basis in their Medicaid programs, either for their fee-for-service enrollees or for all enrollees.

## Subcommittee Charges and Findings

### Charge 2:

*"Assess the feasibility of and develop recommendations for criteria and standards establishing multicultural health care equity and assessment programs for the Maryland Patient Centered Medical Home (PCMH) program and other health care settings."*

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## Subcommittee Charges and Findings

### **Charge 2 Finding:**

- Incorporation of cultural and linguistic competency standards into PCMH assessment programs is feasible. NCQA PCMH recognition standards already incorporate cultural and linguistic competency elements, and several states require this recognition in their PCMH programs.

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## Subcommittee Charges and Findings

### **Charge 3:**

*"Recommend criteria for health care providers in the State to receive continuing education in multicultural health care, including cultural competency and health literacy training."*

## Subcommittee Charges and Findings

### **Charge 3 Finding:**

- Some states have already developed cultural and linguistic competency continuing education requirements for health professional re-licensure. Maryland should begin to require cultural, linguistic and health literacy competency training for health professional initial licensure and re-licensure.

## Report Recommendations

### **Charge 1: *Examine standards for cultural competency for medical and behavioral settings.***

1. Integrate the Maryland RELICC (Race/Ethnicity, Language, Interpreters, and Cultural Competency) Assessment quality measurement tool for addressing disparities to the metrics reported in the Maryland Health Benefit Plan Quarterly and Performance Report and in the metrics used to assess the quality of the qualified health plans participating in the State's Health Benefit Exchange, the Maryland Health Connection.

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## Report Recommendations

**Charge 1: *Examine standards for cultural competency for medical and behavioral settings.***

2. Adapt the concepts in the Agency for Healthcare Research and Quality (AHRQ)'s Consumer Assessment of Health Plans and Systems (CAHPS) Cultural Competency Item Set (CCIS) for use in plan assessment for the Maryland Health Benefit Plan Quality and Performance Report. This item set broadly covers cultural, linguistic and health literacy competence of providers as reported by their patients.

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## Report Recommendations

**Charge 1: *Examine standards for cultural competency for medical and behavioral settings.***

3. Adapt the concepts in AHRQs CAHPS Cultural Competency Item Set (CCIS) for use in assessment of the quality of the state Medicaid Managed Care Organizations (MCO)s.

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## Report Recommendations

### **Charge 1: *Examine standards for cultural competency for medical and behavioral settings.***

4. Adapt the concepts in AHRQs CAHPS Cultural Competency Item Set (CCIS) for use in the State's program for assessing hospital quality.

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## Report Recommendations

### **Charge 1: *Examine standards for cultural competency for medical and behavioral settings.***

5. Ensure that third party payors reimburse healthcare organizations and private physician practices for provision of appropriate language services, including qualified bilingual staff and contractual foreign language and sign language interpreters per encounter, rather than as a bundled payment.



## Report Recommendations

### **Charge 2: *Develop standards for healthcare equity and assessment programs in PCMH.***

1. Maryland's PCMH programs should require or incentivize participating practices to meet the cultural competency standards contained in national PCMH recognition products.

## Report Recommendations

### **Charge 2: *Develop standards for healthcare equity and assessment programs in PCMH.***

2. Maryland's PCMH programs should examine the feasibility of using the AHRQ's CAHPS Cultural Competency Items Set for provider-level and practice-level assessment of cultural and linguistic competency. This item set broadly covers cultural, linguistic and health literacy competency of providers as reported by their patients.

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## Report Recommendations

### **Charge 2: *Develop standards for healthcare equity and assessment programs in PCMH.***

3. Maryland's PCMH programs should require or incentivize participating practices to meet the National Committee for Quality Assurance's (NCQA) Multicultural Health Care Standards or a similar standard.

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## Report Recommendations

### **Charge 2: *Develop standards for healthcare equity and assessment programs in PCMH.***

4. Maryland's PCMH programs should assess annually whether the maturity of cultural, linguistic and health literacy competency assessment and reporting in the program is sufficient to begin to link some portion of reimbursement to performance in those competencies.

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## Report Recommendations

### ***Charge 3: Develop criteria for providers to receive cultural competency continuing education.***

1. Maryland's health profession boards should require that 5% to 10% of the total continuing education requirement for re-licensure be credits in cultural, linguistic and health literacy competency.

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## Report Recommendations

### ***Charge 3: Develop criteria for providers to receive cultural competency continuing education.***

2. Maryland's academic medical centers should identify and/or develop appropriate cultural, linguistic and health literacy competency continuing education materials (both classroom curriculum and individual on-line modules) and make them available to Maryland providers.

## Report Recommendations

### **Charge 3: *Develop criteria for providers to receive cultural competency continuing education.***

3. Adopt and promote continuing education (CE) requirements that address the following key components; amount/frequency of training, approval process for CE credits, curricula structure, and compliance monitoring.

## Report Recommendations

### **Charge 3: *Develop criteria for providers to receive cultural competency continuing education.***

4. Adopt and promote continuing education curricula that address a standard set of suitable learning objectives adapted from "The Cultural Competency and Health Literacy Primer" 2013. Objectives should include cultural diversity, health literacy, cross-cultural communication, use of interpreters, bias/stereotyping, social determinants of health and the impact on health outcomes.

## Report Recommendations

### **Charge 3: *Develop criteria for providers to receive cultural competency continuing education.***

5. Adopt and promote continuing education curricula that incorporate a focus on inter-professional education (IPE). An IPE approach enables different disciplines to learn from and with each other in a teamwork-oriented environment to provide high quality of care to patients.

## In Closing...

- The Cultural Competency Workgroup, Co-chairs, members and staff appreciate the opportunity to investigate this important component of Maryland's initiative to improve health and reduce racial and ethnic health disparities among its population.
- The search was enlightening and elucidating in the discovery of widespread work in cultural, linguistic and health literacy competency at many different levels and sectors of the nation's health and health care delivery system.

## Staff Members

### **Maryland Office of Minority Health and Health Disparities (MHHD)**

- Dr. Carlessia A. Hussein, Director of the MHHD Office
- Dr. David M. Mann, Epidemiologist
- Ms. Monica McCann, Workforce Diversity Director
- Ms. Kimberly Hiner, Health Planning Director
- Ms. Julia Chen, Research Analyst

### **Maryland Health Care Commission (MHCC)**

- Mr. Ben Steffen, Executive Director of the MHCC
- Ms. Erin Dorrien, Chief, Government Relations (MHCC)
- Ms. Scharmaine Robinson, Chief, Health Benefit Plan Quality and Performance (MHCC)

### **Staff Support Group:**

- 10 volunteers from academia, cultural competency advocates, and health equity experts contributed to research, discussion and formation of recommendations. They are acknowledged on page 38 of the Report.